

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification	on		Report Filed By Candida (Mark X)			ate		Committee		X	Lobbyist		
Name of Filing C	Committee, Ca	ndidate or	<u> </u>	ds of Jim M	cHalo								
Lobbyist Street Address			TTICIN		CITAIC								
Street Address			1512	512 Bern Street									
City	Reading		State			PA Zip Code 19604			19604				
Type of Report (I	Place x under i	report type)											
1-6 th Tuesday	1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post					Friday	6- 30 Da	y Post	7- Annual	Special 2	nd Friday	Special 30	Day
Pre-Primary	Pre-Primary	Primary	Pre-	Election	Pre- E	Election	Election	ı		Pre-Electi	ion	Post-Electi	on
		X									-		
Date Of Election		44 (02 /204 5	Year	r	7.0	245	Amendr	nent		Terminat	ion		
(MM/DD/YYYY)		11/03/2015			20	015	Report			Report			
Summary of Rec	eipts and	From Date		To Date	9				For	Office Use (Only		
Expenditures		05/04/2015		6/	08/2015	5							
A. Amount Brou	ght Forward F	L. ' '	\$		00, 2012								
					13,034								
B. Total Monetar	•	ns and Receipts	\$	5	7,908								
C. Total Funds Av	,		\$	3									
(Sum of Lines A a					20,942								
D. Total Expendit (From Schedule I			\$	5	6,187								
E. Ending Cash B			\$;									
(Subtract Line D					14,755								
F. Value of In-Kin		ns Received	\$		0		l						
(From Schedule I G. Unpaid Debts	.*	nc		\$ 0									
(From Schedule I	_	113		<u> </u>	0								
				·		idavit Sed							
Part 1- If this is a Co I swear (or affirm) t									an and haliof tr	us corcect a	nd complet		
Sworp to and subsc			illeu sc	inedules on	i papei,	is to the	best of filly	KIIOWIEU	ge and belief th	ue, correct a	na complei	.e.	
lan day of	Time	20 15					(5				
TO TO THE TOTAL PROPERTY OF THE TOTAL PROPER	1		- COMN	10NWEAL	TH OF	DENNS.	/I VANTÆTE	nature	of Person Subm	itting report			
_A am	ignature	2	-	No	otarial Se	eal —		SUCT IN	Printed Name	my.		_	
3	∧A ~.	111-201	1	NaomilR. P	opa, No	otary Pul	plic			e 3-6616	_		
My Commission exp	oires <u>////////////////////////////////////</u>	110,000	Му С	Naornek, P Nyomissing Commission	Expires	March 1	5, 2016	+					
	IVIO.	DAT TIME	MBER,	PENNSYLVAN	IIA ASSO	CIATION C	FNOTARIES		Day	time Telepho	ле митре	Г	
Part II- If this is a re													
I swear (or affirm) t amended.	hat to the best o	of my knowledge a	nd bel	ief this poli	tical con	nmittee h	nas not viol	ated any	provisions of t	he Act of Jun	e 3, 1937 (I	P.L. 1333, NO.3	320) as
Sworn to and subsc	ribed before me	this ,					1						1
day.of	JUNE	20 / 5	-	11		_(<i>y x</i>		_			_	
Fredo	- CT	roll					Jan		ature of Candid	late			
V / s	ignature							1	Printed Name				
My Commission exp	oires []	13 17		70 A		4	184		41	577	120		
,	MÔ.	DAY YR.	-			A	rea Code	_	Dayti	me Telephon	e Number		
		COMMON									-		

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Linda C. Troll, Notary Public
Spring Twp., Berks County
My Commission Expires Nov. 13, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
The lacinemediation italiabet			
	Friends of Jim McHale		
	THE HAD BY SHITT WICH GIVE		
		· · · · · · · · · · · · · · · · · · ·	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		-
Total for the reporting period (1)	\$	75
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	1,833
Total for the reporting period (2)	\$	1,833
3. Contributions Over \$250.00 (From Part C and Part D)	•	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	6,000
Total for the reporting period (3)	\$	6,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	7,908

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Id	entification Numb		Friends of Ji	m McHale					_	
										Amount
Full Na	ame of Contribu	ting	-					Date [MM/DD/YYYY]	\$	[
Comm									'	
House	#	Street A	ddress					Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
							ļ <u></u>			
Full Na Comm	ame of Contribut ittee	ting						Date [MM/DD/YYYY]	\$	
House	#	Street A	ddress					Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na Commi	me of Contribut	ing						Date [MM/DD/YYYY]	\$	
House	#	Street A	ddress	·				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na Commi	me of Contribut ittee	ing						Date [MM/DD/YYYY]	\$	
House	#	Street A	ddress					Date [MM/DD/YYYY]	\$	
City			,	State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na Commi	me of Contribut ttee	ing						Date [MM/DD/YYYY]	\$	
House	#	Street A	ddress		-			Date [MM/DD/YYYY]	\$	
City	, t			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nai Commit	me of Contribut ttee	ing						Date [MM/DD/YYYY]	\$	
House #	# !	Street A	ddress					Date [MM/DD/YYYY]	\$	
City	1.			State		Zip Code		Date [MM/DD/YYYY]	\$	

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Friends of Jim McHale	
	THEROS OF MILLIVICINALE	

LUII MOII	ne of Contributor					Date [MM/DD/YYYY]	\$	
		Brandon Kasper				05/06/2015		133
House #	11 Str	eet Address Brookfi	eld Ave			Date [MM/DD/YYYY]	\$	
City S	Sinking Springs	S	tate PA	Zip Code	19608	Date [MM/DD/YYYY]	\$	
	ne of Contributor					Date [MM/DD/YYYY]	\$	
		Tunc Sozerman				05/06/2015		250
House #	201 Str	eet Address S 25th S	Street #508			Date [MM/DD/YYYY]	\$	
City	Philadelphia	S	tate PA	Zip Code	19103	Date [MM/DD/YYYY]	\$	
Full Nam	ne of Contributor				-1	Date [MM/DD/YYYY]	\$	
		John Brown				05/06/2015		250
House #	1300 Str	eet Address Alsace F	Road			Date [MM/DD/YYYY]	\$	
et.		Si	tate	Zip Code		Date [MM/DD/YYYY]	\$	
City	leading	100	PA		19604			
R	leading		PA		19604	Date [MM/DD/YYYY]	\$	
R Full Nam		Beth Ann Fick	PA		19604	Date [MM/DD/YYYY] 05/06/2015	\$	250
R Full Nam	e of Contributor	Beth Ann Fick eet Address			19604		\$	250
Full Nam House #	e of Contributor	eet Address Ivy Cour		Zip Code	19610	05/06/2015		250
Full Nam House #	911 Str	eet Address Ivy Cour	rt atte	Zip Code		05/06/2015 Date [MM/DD/YYYY]	\$	
Full Nam House #	911 Str	eet Address Ivy Cour	rt atte	Zip Code		05/06/2015 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	250
Full Nam House # City A Full Nam	911 Str. Vyomissing	eet Address Ivy Cour	tate PA	Zip Code		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Nam House # City M Full Nam House #	911 Str. Vyomissing e of Contributor Streen	eet Address Ivy Cour St William Gage eet Address Linree A	tate PA	Zip Code		05/06/2015 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Nam House # City M Full Nam House #	911 Str. Vyomissing e of Contributor 78 Str.	eet Address Ivy Cour St William Gage eet Address Linree A	tate PA		19610	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 05/15/2015 Date [MM/DD/YYYY]	\$ \$	250
Full Nam House # City M Full Nam House #	911 Str. 911 Str. Vyomissing e of Contributor 78 Str. eading	eet Address Ivy Cour St William Gage eet Address Linree A	tate PA		19610	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 05/15/2015 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	
Full Nam City Full Nam House #	911 Str. Pyomissing Pe of Contributor 78 Stre eading e of Contributor	eet Address Ivy Cour St William Gage eet Address Linree A	tate PA		19610	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 05/15/2015 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	250

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

IFriends of Jim McHale				
Trends of sitt Worlding				
	Friends of Jim McHale	Friends of Jim McHale	Friends of Jim McHale	

Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
	Ricardo Nieves			06/08/2015		100
House # 2256	Street Address	orthmont Blvd		Date [MM/DD/YYYY]	\$	
City Reading	10-14/6/10 (2)/12	State PA	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co				Date [MM/DD/YYYY]	\$	
,,	Cindy Neel			06/08/2015		100
House # 152	Street Address	Douglas Street		Date [MM/DD/YYYY]	\$	
City Reading		State PA	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co				Date [MM/DD/YYYY]	\$	
	Lisa Penn			05/15/2015		250
House # 113	Street Address	mothy Circle		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Radnor		PA	19087			
Radnor	ntributor	PA		Date [MM/DD/YYYY]	\$	
Radnor	Street Address	PA				
Radnor Full Name of Con House #		PA		Date [MM/DD/YYYY]	\$	
Full Name of Con House #	Street Address	PA	19087	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Con City Full Name of Con	Street Address	PA	19087	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Radnor Full Name of Con House # City Full Name of Con House #	Street Address	PA	19087	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	
Full Name of Co	Street Address Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	
Radnor Full Name of Con House # City House # City	Street Address Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification	Number: Friends of Jin	n McHale			
Full Name of				Date [MM/DD/YYYY]	١ خ
Contributing Com	n mittee			Date [wilding DD] (1 1 1]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	ımittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	ımittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$

Zip Code

State

Date [MM/DD/YYYY]

City

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Friends of Jim McHale

1 6111 1 1 1 1	me of Contrib	utor					Date [MM/D	D/YYYY]	\$	
		Ted and Lis	a Lavender				05/06,	/2015		500
House	#	Street Address					Date [MM/D	D/YYYY]	\$	
	261		Bernville Road							
City	l		State		Zip Code		Date [MM/DD/YYYY]		\$	
7.	Robesonia			PA		19551				
Employ	er Name		Berks Fire Wa	ter Resto	rations		Occupation	President / O	wner	
	er Mailing Ad		1145 Common	ns Blvd, R	eading, PA 19605					
Full Na	me of Contrib	utor	· · · · · · · · · · · · · · · · · · ·				Date [MM/D	D/YYYY]	\$	
		Thomas Ge	nsbigler				05/06/	2015		500
House	#	Street Address					Date [MM/D	D/YYYY]	\$	
	3904		Pamay Drive							
City			State		Zip Code		Date [MM/D	D/YYYY]	\$	
Sizia.	Mechanicsburg	3		PA		17050				
Employ	er Name		Berkshire Tow	ers			Occupation	Dentist	1	
	er Mailing Ad		3904 Pamay D	rive, Med	hanicsburg, PA 170	050				
Full Na	me of Contrib	utor	·			· · · · · · · · · ·	Date [MM/D	D/YYYY]	\$	
		Javier Orteg	a-Benitez				05/06/	2015		500
House #	#	Street Address					Date [MM/D	D/YYYY]	\$	
		Street Address								
	124	Street Address	North 5th Stre	et						
City		Street Address	North 5th Stre		Zip Code	1,0504	Date [MM/D	D/YYYY]	\$	
City	124 Reading	Street Address		PA	Zip Code	19601	Date [MM/D	D/YYYY]	\$	
		Street Address		РА	Zip Code	19601	Date [MM/D	D/YYYY] Owner / Brok		
Employ	Reading	dress /	State	PA urance		19601				
Employ Employ Principa	Reading rer Name rer Mailing Ad	dress /	State State Farm Ins	PA urance		19601		Owner / Brok		
Employ Employ Principa	Reading rer Name rer Mailing Ad al Place of Bus	dress /	State State Farm Ins 124 N 5th Stre	PA urance		19601	Occupation	Owner / Brok	er	1,000
Employ Employ Principa	Reading Per Name Per Mailing Ad al Place of Bus me of Contrib	dress / siness utor	State State Farm Ins 124 N 5th Stre	PA urance		19601	Occupation Date [MM/D	Owner / Brok D/YYYY] 2015	er	1,000
Employ Employ Principa Full Nar	Reading Per Name Per Mailing Ad al Place of Bus me of Contrib	dress / siness utor Heidi Masar	State State Farm Ins 124 N 5th Stre	PA urance		19601	Occupation Date [MM/D 05/15/	Owner / Brok D/YYYY] 2015	eer \$	1,000
Employ Employ Principa Full Nan House #	Reading For Name For Mailing Ad al Place of Bus me of Contrib	dress / siness utor Heidi Masar	State State Farm Ins	urance et, Readii			Occupation Date [MM/D 05/15/	Owner / Brok D/YYYY] 2015 D/YYYY]	eer \$	1,000
Employ Employ Principa Full Nan House #	Reading rer Name rer Mailing Ad al Place of Bus me of Contrib	dress / siness utor Heidi Masar	State State Farm Ins 124 N 5th Stre	PA urance	ng, PA 19601	19601	Occupation Date [MM/D 05/15/ Date [MM/D	Owner / Brok D/YYYY] 2015 D/YYYY]	ser \$	1,000
Employ Principa Full Nar House #	Reading For Name For Mailing Ad al Place of Bus me of Contrib	dress / siness utor Heidi Masar	State State Farm Ins 124 N 5th Stre	PA urance et, Readii	ng, PA 19601		Occupation Date [MM/D 05/15/ Date [MM/D	Owner / Brok D/YYYY] 2015 D/YYYY]	ser \$	1,000

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Friends of Jim McHale

Full Name of Cont	ributor					Date [MM/DD/YYYY]	\$	
	John Fick					05/15/2015		500
House #	Street Addres	ss				Date [MM/DD/YYYY]	\$	
315	S. A. A. S.	Hope Drive						
City Blandon		State	PA	Zip Code	19510	Date [MM/DD/YYYY]	\$	
Employer Name		Retired				Occupation		
Employer Mailing Principal Place of								
Full Name of Cont	ributor					Date [MM/DD/YYYY]	\$	
	Thomas P	rice				05/15/2015		500
House # 115	Street Addres	Oak Lane				Date [MM/DD/YYYY]	\$	
City Fleetwood	a Billing th	State	PA	Zip Code	19522	Date [MM/DD/YYYY]	\$	
Employer Name		Herbein & Co				Occupation Accountant	<u> </u>	1
Employer Mailing Principal Place of		Century Blvd,	Wyomis	sing, PA 19610				
Full Name of Cont	ributor					Date [MM/DD/YYYY]	\$	
	Gerald Scr	ibner				05/15/2015		1,000
House # 1909	Street Addres	Meadow Lane)			Date [MM/DD/YYYY]	\$	
City Wyomissing		State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$	
Employer Name		Retired	1			Occupation		l
Employer Mailing Principal Place of I								
Full Name of Cont	ributor	· <u>·</u>			' -	Date [MM/DD/YYYY]	\$	
	Brian Clem	nents				05/15/2015		500
House # 300	Street Address	N Elm Street				Date [MM/DD/YYYY]	\$	
City		State	PA	Zip Code	19565	Date [MM/DD/YYYY]	\$	
Mannagaille	2							1
Wernersville			I A		13303		99	
Wernersville Employer Name		Retired	I'M		13303	Occupation	.98	

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	EL VIVINIA	
	Friends of Jim McHale	

Full Name of Contributor			Date [MM/DD/YYYY]	\$
Stephanie Ra	awden	06/08/2015	1,000	
House # Street Address			Date [MM/DD/YYYY]	\$
1635	Old Wyomissing Road	d		
City Wyomissing	State PA	Zip Code 19610	Date [MM/DD/YYYY]	\$
	Wing Pointe Corp		Occupation General Man	ager
Employer Mailing Address / Principal Place of Business	1414 Moselem Sprin	gs Road, Hamburg, PA 18526		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor	· · ·		Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		. 4	Occupation	
Employer Mailing Address / Principal Place of Business				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refund s received, interest earned, returned checks and prior expenditures that were returned to the filer.

	to report relations received	<i>x</i>)		
Filer Identification	n Number: Friends of Jim McHa	ale		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name	information and the second			
House #	Street Address			
City	7.1	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ition			
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip				
Full Name				
House #	Street Address			
				Para Banad Al
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name	AT DAY			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

S PER CONTRIBUTOR
24.07.53
PART F)
-

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends of Jim McHale		
E UNI and Contributor		Data [MM/DD/VVVV]	ė

Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	6 130 5	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution				
THE REAL PROPERTY.				La Landia hand	
Full Name of Con				Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		LE HIG			
Description of Co	intribution				
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #				Date [MM/DD/YYYY]	\$
nouse #	Street Address			Date [WWW, DD, TTT]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution	141			
Full Name of Con	tributor		-	Date [MM/DD/YYYY]	\$
SACH STANIS					
				Data Fasta Inn honor	<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
#4. T					
Description of Co	ntribution				
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
		_		a Property bearing	A
House #	Street Address			Date [MM/DD/YYYY]	\$
100 Part					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	Friends of Jim McHale			

				D. Cress Ind Property	
Full Name of Co				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nam	e			Occupation	
Employer Maili Place of Busine	ing Address / Principal	-		Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nam	e			Occupation	
Employer Maili	ing Address / Principal			Description of Contribution	
Full Name of Co	ontributor		···	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nam	e			Occupation	
Employer Maili Place of Busine	ing Address / Principal			Description of Contribution	
Full Name of Co	ontributor	***		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nam	e	1		Occupation	
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	

Statement of Expenditures

				_
Filer Identification Number:	Friends of Jim McHale			
Control of the contro	(

To Whom Paid						Date [MM/DD/YYYY]	\$		
	Crown Trophy					05/05/2015		590.95	
House #	Street Address	Street Address PO Box 166					Description of Expenditure		
City Kimberton		State	PA	Zip Code	19442	Marketing			
To Whom Paid	L&W Group					Date [MM/DD/YYYY]	\$	588.3	
	Lavv Group					05/05/2015		300.3	
House # 97	Street Address N N	lain Stree	t			Description of Expendi	ture		
City Spring City	1	State	PA	Zip Code	19475	Invitations			
To Whom Paid				···		Date [MM/DD/YYYY]	\$	1150.36	
	Scott Burger					05/15/2015		158.36	
House # 663	Street Address Cros	ss Hill Roa	d			Description of Expendi	ture		
City Royersford		State	PA	Zip	19468	Expense Reimbursement			
To Whom Paid		200				Date [MM/DD/YYYY]	\$	3	
	Scott Burger					05/15/2015		2,000	
House # 663	Street Address Cro	ss Hill Roa	d			Description of Expendi	ture		
City Royersford		State	PA	Zip Code	19468	Campaign Manager - Salary			
To Whom Paid						Date [MM/DD/YYYY]	\$		
	Service Access					05/11/2015		850	
House # 19	Street Address Nor	th 6th Str	eet		-	Description of Expendi	ture		
House # 19 City Reading	Street Address Nor	th 6th Stre	PA	Zip Code	19601	Description of Expendi	ture		
City 19	Nor				19601		ture \$		
City Reading	Street Address Nor				19601	Rent		2,000	
City Reading	Scott Burger		PA		19601	Rent Date [MM/DD/YYYY]	\$	2,000	
City Reading To Whom Paid	Scott Burger	State	PA		19601	Rent Date [MM/DD/YYYY] 06/08/2015	\$	2,000	
City Reading To Whom Paid House # 663	Scott Burger	State ss Hill Roa	PA d	Code		Rent Date [MM/DD/YYYY] 06/08/2015 Description of Expendit	\$	2,000	
City Reading To Whom Paid House # 663 City Royersford	Scott Burger	State ss Hill Roa	PA d	Code		Rent Date [MM/DD/YYYY] 06/08/2015 Description of Expendit Campaign Manager - Salary	\$ ture	2,000	
City Reading To Whom Paid House # 663 City Royersford To Whom Paid	Scott Burger Street Address Cro	State ss Hill Roa	PA d	Zip Code		Rent Date [MM/DD/YYYY] 06/08/2015 Description of Expendit Campaign Manager - Salary Date [MM/DD/YYYY]	\$ ture	2,000	
City Reading To Whom Paid House # 663 City Royersford To Whom Paid House #	Scott Burger Street Address Cro	State State State	PA d	Zip Code		Rent Date [MM/DD/YYYY] 06/08/2015 Description of Expendit Campaign Manager - Salary Date [MM/DD/YYYY]	\$ ture	2,000	
City Reading To Whom Paid House # 663 City Royersford To Whom Paid House # City	Scott Burger Street Address Cro	State State State	PA d	Zip Code		Rent Date [MM/DD/YYYY] 06/08/2015 Description of Expendit Campaign Manager - Salary Date [MM/DD/YYYY] Description of Expendit	\$ sture	2,000	
City Reading To Whom Paid House # 663 City Royersford To Whom Paid House # City To Whom Paid	Scott Burger Street Address Cro Street Address	State State State	PA d	Zip Code		Rent Date [MM/DD/YYYY] 06/08/2015 Description of Expendit Campaign Manager - Salary Date [MM/DD/YYYY] Description of Expendit Date [MM/DD/YYYY]	\$ sture	2,000	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identificatio	Friends of Jim Mchale			
Name of Credit	tor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	cor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt	IIII = 1	Code	186
Name of Credit	or - 1 d			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip	
Description of (Debt		Code	
Name of Credit	or			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or		.	Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	1500	State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	(United to	State	Zip Code	
Description of I	Debt		Code	